

II. Skin Grafting According to Thiersch's Method. By DR. FELIX FRANKE (Brunswick). The author's first two cases were, first, a bed sore over the tendo-achilles, and, second, an ulcer on the inner side of the thigh and outer side of knee, due to a burn. He used skin from an amputated leg to cover the defects, but had only a partial success. He attributes his failure first to want of practice, second, that the skin came from a tuberculous individual. After this he always used skin from the patient himself and found that the best place from which to remove the skin was on the outer side of the thigh near the great trochanter. The strips removed were often 10 to 12 cm. long and 4 to 5 cm. wide. He found these large strips healed thoroughly provided that all hæmorrhage from the previously scraped ulcer had been completely checked. The grafts were covered with rubber tissue, over which an antiseptic dressing was applied, and this was changed on the 4th day.

The author finds that transplantation of frogs skin gives no permanent result; it heals on temporarily, but later becomes either loosened or completely absorbed.

He treated all cases of ulcer of the leg, in his hospital wards, by skin grafting according to Thiersch's method and is so satisfied with the results that he states that ulcers should not be treated by any other method.

He details some of his more interesting cases. One, a man æt. 20 years, had been suffering for two years from an ulcer on the left leg, which ulcer was situated a little below the middle of the tibia and measured 10 cm. in its transverse diameter; its appearance was unclean, and its centre full of exuberant granulations; the edges were hard, glazed and firmly attached to the bone. The tibia in this neighborhood was much thickened as by the formation of callus, the skin in the neighborhood was bluish brown and felt cicatricial, and was not as freely movable as on the other leg. Frog grafting was tried without result. A plastic according to Maas was undertaken, and to do this properly, a piece of bone about the size of a silver dollar had to be chiseled out of the centre of the ulcer; the flap was taken from the posterior surface of the right leg. The flap healed kindly but was so

much thicker than the surrounding parts that a piece was excised. The loss of tissue on the right leg was covered with grafts taken from the upper and outer side of the thigh.

When the patient was seen 1 year later the result was perfect and there was no return of the ulcer.

He also reports a case of ulcer over the tibia due to a compound fracture, and treated in the same way by his colleague Dr. Voelker; here also the result was perfect. Another case was an extensive burn of the body treated by skin grafting according to Thiersch's method and with good result; previous to this he had tried grafting skin taken from two healthy individuals, but without result, and he ascribes the failure to the patient being much younger than the persons who gave the skin.

The author credits Thiersch with the observation that negroes' skin healed kindly on a white man, but that white skin would not heal well on a negro.

He speaks of the danger of transplanting skin from one individual on to another, and says that syphilis and tuberculosis have been so transmitted, and cites a case mentioned in the *Deutsche Militärärztl. Zeitsch.* 1872, Part 1, where small-pox has been so transmitted.—*Deutsche med. Wöch.*, No. 3, 1887.

F. C. HUSSON (New York).

III. Upon Muscular Hernia. By DR. GUINARD. In an experimental study, G. makes the observations that tumors produced by true muscular hernias lessen in size during contraction of the muscle, and quite disappear; that upon *passive* motion, in which the points of attachment are made to approximate each other, the tumor makes its appearance, but when the same parts are acted upon in an *active* manner (true muscular contraction), the tumor again disappears, as also happens when extension is made. There are cases of apparent muscular hernia which occur in uninjured but thinned sheaths of muscles, and which offer appearances of true muscular hernia. In the popliteal space, muscular hernias occur which closely simulate cystic tumors, as shown by an observation made in Verneuil's clinic.—*Gaz. Hebdom. de Med. et de Chir.*, 1888, No. 14.

G. R. FOWLER (Brooklyn).